The transition of the healthcare system requires a profound cultural shift.

Opinion piece – Experts lament that nothing has changed since the Covid-19 crisis, with technological optimisation, which is unsustainable in the long term, remaining the only prospect.

Twenty-five years ago, the French healthcare system was considered one of the best in the world. As in all developed countries, spectacular advances in public health, driven by five decades of economic growth, transformed illness, suffering, and death into mere technical problems, expected to be solved by science and technology. Healthcare became an almost free commodity and a fundamental right.

The slowdown in economic growth has resulted in ever-increasing budget restrictions, which are hitting the healthcare system hard. This austerity has been confirmed by the 2026 Social Security Financing Act.

In this strained context, “optimization” has become the cornerstone of hospital management. Patient flows are optimized through the shift toward outpatient care; revenue-generating activities—medicine, surgery, and obstetrics—are prioritized at the expense of less profitable ones such as psychiatry; human resources are streamlined, resulting in 60,000 vacant nursing positions and 4,000 unfilled hospital physician posts. Financial optimization has also reshaped the pharmaceutical and medical device industries, where large-scale offshoring has dramatically increased dependence on global supply chains that are ever more complex and fragile.

At the same time, a growing tension has emerged between medicine and the environment. Healthcare activity contributes to climate change—accounting for 8% of French national greenhouse gas emissions—and to environmental pollution, including waste, water contamination, and exposure to endocrine disruptors. Conversely, environmental degradation increasingly undermines human health.

Although the Covid-19 pandemic helped expose the fragility of the healthcare system, little has truly changed since then. In the absence of proper monitoring, everyday dysfunctions — drug and medical device shortages, IT failures, staff shortages — remain largely underestimated. By continuing to focus on outdated indicators, we keep awarding seals of excellence to hospitals that are stretched to breaking point.

We persist in a headlong rush toward technological optimization that is ever more costly, energy- and resource-intensive, and increasingly vulnerable to crises, while delivering ever more marginal health benefits.

The blinkers of “whatever-it-takes” performance obscure the weak signals that nonetheless herald the end of perpetual health progress. Over the past decade, in several countries of the Organisation for Economic Co-operation and Development, including France, healthy life expectancy has stagnated or even declined, infant mortality has risen once again, and XIXth century diseases have re-emerged — scurvy, rickets, scabies, measles.

It is in a state of profound precarity that our healthcare system now finds itself up against the wall: aging population, surge in chronic illnesses, entanglement of multiple global crises. According to the *Future Risks Report 2025*, published by the French insurance company AXA, 74% of international experts consider the risk of their healthcare system collapsing within the next decade to be significant.

We urgently need to embark, with clear-eyed resolve, on building a more robust healthcare system — one suited to the volatile world we have entered. As with all the other pillars of our society that must be rethought — education, agriculture, security — the transition of the healthcare system requires a profound cultural shift. We must step back from false promises: healthcare is not a right, but a privilege. As it is practiced today, it dangerously mortgages the healthcare of tomorrow. Preserving it, for everyone and over the long term, is an immense challenge. The time has come to abandon the disempowering model of passive consumption of commodified care.

Beyond training caregivers and researchers in a more frugal medicine, patients must no

longer be treated as consumers but as active participants in their own health. Participatory social innovations should be encouraged, prevention strengthened, and inspiration drawn from practices developed in resource-constrained countries. Investment decisions must be coordinated and adapted to future constraints, guided by in-depth foresight rather than annual accounting exercises, and pursued through a systemic approach instead of irrational competition between healthcare institutions. A citizens' convention on these issues now seems necessary.

Robustness implies subsidiarity and versatility among healthcare professionals, redundancy in decision-making chains, local stockpiles, energy autonomy, the ability to improvise in emergencies, clearly defined triage rules adapted to levels of resource scarcity, and repairable low-tech equipment supplied through short supply chains.

In a world that has become inherently volatile, we must learn to live with uncertainty, risk, and trade-offs—concepts that run counter to our comfortable habits, and which we must have the courage to confront. Otherwise, they will be imposed on us brutally and arbitrarily.

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